

Senate File 2204 - Reprinted

SENATE FILE 2204
BY COMMITTEE ON COMMERCE

(SUCCESSOR TO SF 2019)

(As Amended and Passed by the Senate March 8, 2016)

A BILL FOR

1 An Act relating to insurance coverage for the assessment and
2 treatment of eating disorders and including applicability
3 date provisions.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 514C.31 Eating disorders —
2 coverage.

3 1. Notwithstanding the uniformity of treatment requirements
4 of section 514C.6, a policy, contract, or plan providing for
5 third-party payment or prepayment of health or medical expenses
6 shall provide coverage benefits for the diagnostic assessment
7 and treatment of eating disorders.

8 2. As used in this section, unless the context otherwise
9 requires:

10 *a. "Diagnostic assessment of eating disorders"* means
11 medically necessary assessments, evaluations, or tests
12 performed by a physician or psychiatrist licensed pursuant to
13 chapter 148, a psychologist licensed pursuant to chapter 154B,
14 an advanced registered nurse practitioner licensed pursuant to
15 chapter 152 or 152E, a dietician licensed pursuant to chapter
16 152A, a social worker licensed pursuant to chapter 154C, or
17 a mental health counselor or marital and family therapist
18 licensed pursuant to chapter 154D, to diagnose whether an
19 individual has an eating disorder.

20 *b. "Eating disorders"* means pica, rumination disorder,
21 avoidant or restrictive food intake disorder, anorexia nervosa,
22 bulimia nervosa, binge eating disorder, other specified feeding
23 or eating disorder, or any other eating disorder not otherwise
24 specified. The commissioner, by rule, shall define "eating
25 disorders" consistent with definitions provided in the most
26 recent edition of the American psychiatric association's
27 diagnostic and statistical manual of mental disorders, as such
28 definitions may be amended from time to time. The commissioner
29 may adopt the definitions provided in such manual by reference.

30 *c. "Pharmacy care"* means medications prescribed by
31 a licensed physician or psychiatrist and includes any
32 health-related services deemed medically necessary to determine
33 the need for or effectiveness of the medications prescribed,
34 but only to the extent that coverage of such medications is
35 included in the insured's health coverage benefits.

1 *d. "Psychiatric care" or "psychological care" means*
2 direct or consultative services provided during inpatient
3 hospitalization, partial hospitalization, residential
4 care, intensive outpatient treatment, follow-up outpatient
5 care, or counseling, provided by a licensed psychiatrist or
6 psychologist.

7 *e. "Therapeutic care" means medical care or behavioral*
8 interventions provided by a licensed physician, psychiatrist,
9 psychologist, advanced registered nurse practitioner,
10 dietician, social worker, mental health counselor, or marital
11 and family therapist.

12 *f. "Treatment of eating disorders" means treatment that*
13 is identified in a treatment plan and includes medically
14 necessary pharmacy care, psychiatric or psychological
15 care, or therapeutic care, that is provided by a licensed
16 physician, psychiatrist, psychologist, advanced registered
17 nurse practitioner, dietician, social worker, mental health
18 counselor, or marital and family therapist.

19 *g. "Treatment plan" means a plan for the treatment of eating*
20 disorders developed by a licensed physician, psychiatrist,
21 psychologist, advanced registered nurse practitioner,
22 dietician, social worker, mental health counselor, or marital
23 and family therapist that includes all of the following:

24 (1) A diagnosis.

25 (2) Proposed treatment by type, frequency, and duration of
26 treatment.

27 (3) Goals.

28 (4) All elements necessary for the third-party payment or
29 prepayment of claims.

30 3. Coverage required by this section is limited to medically
31 necessary diagnostic assessment and treatment of eating
32 disorders in accordance with a treatment plan, that is provided
33 by a licensed physician, psychiatrist, psychologist, advanced
34 registered nurse practitioner, dietician, social worker, mental
35 health counselor, or marital and family therapist acting

1 pursuant to that person's applicable scope of practice.

2 4. Coverage required pursuant to this section shall be
3 subject to copayment, deductible, and coinsurance provisions,
4 and any other general exclusions or limitations of a policy,
5 contract, or plan to the same extent as other health or medical
6 services covered by the policy, contract, or plan.

7 5. This section shall not be construed to limit benefits
8 which are otherwise available to an individual under a policy,
9 contract, or plan.

10 6. a. Coverage of the diagnosis and treatment of eating
11 disorders may be subject to other general exclusions and
12 limitations of the policy, contract, or plan providing for
13 third-party payment or prepayment of health or medical expenses
14 not in conflict with the provisions of this section, such
15 as coordination of benefits, and utilization of health care
16 services, which include reviews of medical necessity and care
17 management.

18 b. Medical necessity determinations and care management
19 for the treatment of eating disorders shall do all of the
20 following:

21 (1) Consider the overall medical and mental health needs of
22 the individual diagnosed with an eating disorder.

23 (2) Not be based solely on the weight of the individual
24 diagnosed with an eating disorder.

25 (3) Take into consideration the most recent practice
26 guideline for the treatment of patients with eating disorders
27 adopted by the American psychiatric association in addition to
28 current standards based upon the medical literature generally
29 recognized as authoritative in the medical community.

30 7. The commissioner shall adopt rules pursuant to chapter
31 17A to implement and administer this section.

32 8. This section shall not apply to accident-only,
33 specified disease, short-term hospital or medical, hospital
34 confinement indemnity, credit, dental, vision, Medicare
35 supplement, long-term care, basic hospital and medical-surgical

1 expense coverage as defined by the commissioner, disability
2 income insurance coverage, coverage issued as a supplement
3 to liability insurance, workers' compensation or similar
4 insurance, or automobile medical payment insurance, or
5 individual accident and sickness policies issued to individuals
6 or to individual members of a member association.

7 9. This section applies to the following classes of
8 third-party payment provider policies, contracts, or plans
9 delivered, issued for delivery, continued, or renewed in this
10 state on or after January 1, 2017:

11 a. Individual or group accident and sickness insurance
12 providing coverage on an expense-incurred basis.

13 b. An individual or group hospital or medical service
14 contract issued pursuant to chapter 509, 514, or 514A.

15 c. An individual or group health maintenance organization
16 contract regulated under chapter 514B.

17 d. Any other entity engaged in the business of insurance,
18 risk transfer, or risk retention, which is subject to the
19 jurisdiction of the commissioner.

20 e. A plan established pursuant to chapter 509A for public
21 employees.

22 f. An organized delivery system licensed by the director of
23 public health.